

BC 1030-00

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>9/29/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>10/1/00</i>
FORMALITY REVIEW	<i>WJM</i>	<i>869</i>	<i>10-27-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	✓	51		101	
2	✓	52		102	
3	✓	53		103	
4	✓	54		104	
5	✓	55		105	
6	✓	56		106	
7	✓	57		107	
8	✓	58		108	
9	✓	59		109	
10	✓	60		110	
11	✓	61		111	
12	✓	62		112	
13	✓	63		113	
14	✓	64		114	
15	✓	65		115	
16	✓	66		116	
17	✓	67		117	
18	✓	68		118	
19	✓	69		119	
20	✓	70		120	
21	✓	71		121	
22	✓	72		122	
23	✓	73		123	
24	✓	74		124	
25	✓	75		125	
26	✓	76		126	
27	✓	77		127	
28	✓	78		128	
29	✓	79		129	
30	✓	80		130	
31	✓	81		131	
32	✓	82		132	
33	✓	83		133	
34	✓	84		134	
35	✓	85		135	
36	✓	86		136	
37	✓	87		137	
38	✓	88		138	
39	✓	89		139	
40	✓	90		140	
41	✓	91		141	
42	✓	92		142	
43	✓	93		143	
44	✓	94		144	
45	✓	95		145	
46	✓	96		146	
47	✓	97		147	
48	✓	98		148	
49	✓	99		149	
50	✓	100		150	

If more than 150 claims or 10 actions  
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Form PTO- (Rev. 6/99)